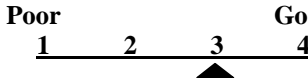
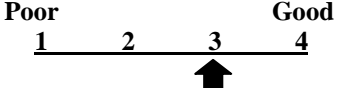


ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS
***ILLINOIS* 1999 TABLES**

<p>Illinois Data Comments</p>	<p>ILLINOIS DATA QUALITY A</p> <p>COMPLETENESS</p>
<p>Type of Service: Illinois incorrectly classified claims for Mental Hospital Services for the Aged as being Nursing Facility services. Since use of Mental Hospital Services was one criterion for identification of mental health beneficiaries, some aged users of these services may not have been identified in the mental health population. Furthermore, utilization of specialty psychiatric care among aged beneficiaries (as shown on Table 4) is very low, probably also a result of this incorrect classification.</p>	
<p>Diagnosis Codes: Diagnosis codes were missing on 10 percent of inpatient claims, an additional factor that could lead to under-identification of inpatient utilization for mental illness.</p>	<p>*The measure shown above reflects</p>

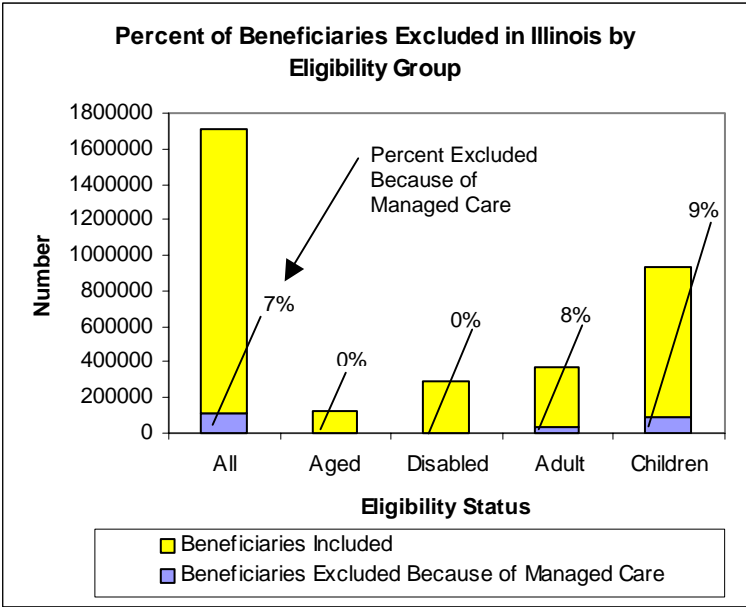
ILLINOIS DATA QUALITY AND COMPLETENESS



A horizontal scale with four points labeled 1, 2, 3, and 4. The word "Poor" is positioned above the number 1, and the word "Good" is positioned above the number 4. A thick black arrow points upwards to the number 3.

*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Illinois's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
ILLINOIS, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	1,712,826	100%	1,595,599	93%	\$6,296,360,196	100%	\$6,028,069,003	96%
Age								
0-3	283,178	17%	265,321	94%	\$556,295,566	9%	\$481,289,908	87%
4-5	121,311	7%	109,322	90%	\$80,088,601	1%	\$69,906,998	87%
6-12	356,303	21%	318,504	89%	\$303,127,988	5%	\$271,229,053	89%
13-18	207,321	12%	189,648	91%	\$363,782,123	6%	\$333,500,836	92%
19-21	70,730	4%	67,510	95%	\$230,098,938	4%	\$218,606,934	95%
22-44	380,405	22%	353,938	93%	\$1,700,643,103	27%	\$1,617,884,830	95%
45-64	135,595	8%	133,483	98%	\$1,396,281,340	22%	\$1,380,043,631	99%
65 and older	157,951	9%	157,845	100%	\$1,665,972,159	26%	\$1,655,543,643	99%
Gender								
Female	1,031,115	60%	958,334	93%	\$3,656,596,016	58%	\$3,474,930,191	95%
Male	681,711	40%	637,265	93%	\$2,639,764,180	42%	\$2,553,138,812	97%
Race								
White	639,333	37%	631,719	99%	\$3,255,069,732	52%	\$3,226,610,168	99%
Black	741,112	43%	650,675	88%	\$2,302,565,526	37%	\$2,115,042,935	92%
Hispanic	280,560	16%	262,258	93%	\$602,589,187	10%	\$553,151,864	92%
American Indian/Alaskan Native	2,941	0%	2,786	95%	\$10,588,267	0%	\$10,203,252	96%
Asian/Pacific Islander	40,114	2%	39,542	99%	\$117,545,242	2%	\$115,381,071	98%
Other/Unknown	8,766	1%	8,619	98%	\$8,002,242	0%	\$7,679,713	96%
Dual Status								
Aged Duals with Full Medicaid	99,679	6%	99,591	100%	\$1,410,587,454	22%	\$1,401,583,121	99%
Disabled Duals with Full Medicaid	49,162	3%	49,158	100%	\$860,315,398	14%	\$857,693,579	100%
Duals with Limited Medicaid	66,409	4%	66,397	100%	\$103,671,557	2%	\$102,049,979	98%
Other Duals	2,450	0%	2,426	99%	\$10,931,040	0%	\$10,632,136	97%
Disabled Non-Duals	180,976	11%	180,882	100%	\$2,012,938,513	32%	\$2,000,833,578	99%
All Other Non-Duals	1,314,150	77%	1,197,145	91%	\$1,897,916,234	30%	\$1,655,276,610	87%
Eligibility Group								
Aged	119,439	7%	119,365	100%	\$1,229,210,719	20%	\$1,220,720,916	99%
Disabled	289,042	17%	288,916	100%	\$3,262,035,706	52%	\$3,244,768,326	99%
Adults	367,058	21%	336,619	92%	\$707,205,813	11%	\$610,692,806	86%
Children	937,286	55%	850,698	91%	\$1,097,907,958	17%	\$951,886,955	87%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
ILLINOIS, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	1,595,599	163,970	10%	\$6,028,069,003	\$1,858,711,153	31%
Age						
0-3	265,321	3,584	1%	\$481,289,908	\$28,672,643	6%
4-5	109,322	3,859	4%	\$69,906,998	\$11,905,104	17%
6-12	318,504	31,477	10%	\$271,229,053	\$115,574,974	43%
13-18	189,648	22,104	12%	\$333,500,836	\$168,134,557	50%
19-21	67,510	4,403	7%	\$218,606,934	\$69,834,948	32%
22-44	353,938	47,454	13%	\$1,617,884,830	\$526,564,025	33%
45-64	133,483	31,301	23%	\$1,380,043,631	\$511,887,557	37%
65 and Older	157,845	19,787	13%	\$1,655,543,643	\$426,134,504	26%
Gender						
Female	958,334	90,159	9%	\$3,474,930,191	\$994,851,744	29%
Male	637,265	73,811	12%	\$2,553,138,812	\$863,859,409	34%
Race						
White	631,719	91,249	14%	\$3,226,610,168	\$1,056,228,629	33%
Black	650,675	57,176	9%	\$2,115,042,935	\$671,525,553	32%
Hispanic	262,258	13,145	5%	\$553,151,864	\$105,746,299	19%
American Indian/Alaskan Native	2,786	272	10%	\$10,203,252	\$3,548,909	35%
Asian/Pacific Islander	39,542	1,976	5%	\$115,381,071	\$21,047,802	18%
Other/Unknown	8,619	152	2%	\$7,679,713	\$613,961	8%
Dual Status						
Aged Duals with Full Medicaid	99,591	16,340	16%	\$1,401,583,121	\$365,453,667	26%
Disabled Duals with Full Medicaid	49,158	16,416	33%	\$857,693,579	\$304,107,168	35%
Duals with Limited Medicaid	66,397	4,610	7%	\$102,049,979	\$27,512,205	27%
Other Duals	2,426	535	22%	\$10,632,136	\$3,712,246	35%
Disabled Non-Duals	180,882	49,672	27%	\$2,000,833,578	\$774,270,733	39%
All Other Non-Duals	1,197,145	76,397	6%	\$1,655,276,610	\$383,655,134	23%
Eligibility Group						
Aged	119,365	12,251	10%	\$1,220,720,916	\$253,467,920	21%
Disabled	288,916	75,785	26%	\$3,244,768,326	\$1,237,134,748	38%
Adults	336,619	22,259	7%	\$610,692,806	\$88,348,675	14%
Children	850,698	53,675	6%	\$951,886,955	\$279,759,810	29%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
ILLINOIS, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	25,708	16%	758	1%	20,570	26%	4,380	22%
Major depression and affective psychoses	32,102	20%	4,902	7%	22,439	28%	4,761	24%
Other psychoses	5,721	3%	374	1%	2,541	3%	2,806	14%
Childhood psychoses	2,293	1%	1,534	2%	386	0%	373	2%
Neurotic & other depressive disorders	35,890	22%	8,109	12%	22,779	29%	5,002	25%
Personality disorders	893	1%	165	0%	626	1%	102	1%
Other mental disorders	2,871	2%	538	1%	1,051	1%	1,282	6%
Special symptoms or syndromes	5,067	3%	1,865	3%	2,678	3%	524	3%
Stress & adjustment reactions	13,370	8%	8,372	13%	4,539	6%	458	2%
Conduct disorders	7,809	5%	6,871	11%	851	1%	87	0%
Emotional disturbances	13,652	8%	13,617	21%	33	0%	2	0%
Hyperkinetic syndrome	18,591	11%	18,319	28%	262	0%	10	0%
No Diagnosis	3	0%	3	0%	0	0%	0	0%
Total	163,970	100%	65,427	100%	78,755	100%	19,787	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
ILLINOIS, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	3	7	816	1	819	52%	1	904	58%	7
	4-5	4	11	9	8	12	1%	10	56	4%	8
	6-12	189	21	257	11	425	4%	16	221	2%	7
	13-18	630	17	1,020	11	1,539	17%	14	879	9%	5
	19-21	33	16	310	10	333	11%	11	884	30%	5
	22-44	0	0	4,397	12	4,397	14%	12	6,125	20%	8
	45-64	0	0	2,216	13	2,216	11%	13	4,372	22%	11
	65+	9	96	567	6	574	4%	8	4,133	29%	5
	All Ages	868	18	9,592	11	10,315	11%	12	17,574	19%	8
Male	0-3	2	5	898	1	900	45%	1	1,027	51%	8
	4-5	17	8	27	13	44	2%	11	91	4%	10
	6-12	540	19	704	13	1,176	6%	17	461	2%	8
	13-18	638	18	830	11	1,379	11%	15	406	3%	8
	19-21	47	20	256	14	284	19%	16	117	8%	19
	22-44	0	0	3,913	17	3,913	24%	17	2,662	16%	13
	45-64	0	0	1,765	15	1,765	15%	15	2,813	24%	13
	65+	7	86	268	6	274	5%	8	1,882	33%	6
	All Ages	1,251	19	8,661	14	9,735	13%	15	9,459	13%	11
Total	0-3	5	6	1,714	1	1,719	48%	1	1,931	54%	8
	4-5	21	8	36	12	56	1%	11	147	4%	9
	6-12	729	20	961	12	1,601	5%	16	682	2%	8
	13-18	1,268	17	1,850	11	2,918	13%	14	1,285	6%	6
	19-21	80	18	566	12	617	14%	14	1,001	23%	6
	22-44	0	0	8,310	15	8,310	18%	15	8,787	19%	9
	45-64	0	0	3,981	14	3,981	13%	14	7,185	23%	12
	65+	16	92	835	6	848	4%	8	6,015	30%	5
	All Ages	2,119	19	18,253	12	20,050	12%	13	27,033	16%	9

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
ILLINOIS, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	526	33%	0.05	2.06	2.11	43,651	34%	1.88
	4-5	506	39%	0.08	1.88	1.95	11,907	23%	1.55
	6-12	3,164	31%	0.13	1.60	1.73	26,111	18%	1.48
	13-18	4,482	48%	0.32	1.98	2.30	20,391	23%	1.65
	19-21	1,821	63%	0.34	2.66	3.00	16,419	31%	1.89
	22-44	17,649	57%	0.44	2.85	3.28	67,373	28%	2.02
	45-64	9,377	48%	0.33	2.95	3.28	18,189	30%	3.10
	65+	5,598	40%	0.12	2.35	2.47	19,284	19%	2.43
	All Ages	43,123	48%	0.33	2.59	2.92	223,330	26%	1.99
Male	0-3	805	40%	0.06	2.17	2.23	49,742	37%	2.00
	4-5	1,051	41%	0.05	1.78	1.83	13,501	25%	1.60
	6-12	6,955	33%	0.12	1.56	1.68	27,175	19%	1.47
	13-18	4,746	37%	0.24	1.61	1.85	15,222	20%	1.51
	19-21	670	45%	0.69	2.26	2.95	2,349	22%	1.90
	22-44	8,235	50%	0.94	2.86	3.80	16,405	25%	2.66
	45-64	5,137	44%	0.48	3.02	3.50	11,967	28%	3.24
	65+	2,402	43%	0.12	2.47	2.59	7,371	20%	2.46
	All Ages	30,001	41%	0.44	2.29	2.72	143,736	26%	2.01
Total	0-3	1,331	37%	0.06	2.13	2.18	93,393	36%	1.94
	4-5	1,557	40%	0.06	1.81	1.87	25,408	24%	1.57
	6-12	10,119	32%	0.13	1.57	1.70	53,286	19%	1.48
	13-18	9,228	42%	0.28	1.79	2.07	35,613	21%	1.59
	19-21	2,491	57%	0.43	2.55	2.99	18,768	30%	1.89
	22-44	25,884	55%	0.60	2.85	3.45	83,778	27%	2.15
	45-64	14,514	46%	0.39	2.97	3.36	30,156	30%	3.16
	65+	8,000	40%	0.12	2.39	2.51	26,655	19%	2.43
	All Ages	73,124	45%	0.37	2.47	2.84	367,066	26%	1.99

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
ILLINOIS, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	42,085	16%	666	19%	41,419	16%
4-5	21,141	19%	1,893	49%	19,248	18%
6-12	61,139	19%	19,231	61%	41,908	15%
13-18	29,464	16%	11,376	51%	18,088	11%
19-21	8,336	12%	2,497	57%	5,839	9%
22-44	89,982	25%	38,579	81%	51,403	17%
45-64	62,540	47%	28,190	90%	34,350	34%
65+	62,633	40%	16,284	82%	46,349	34%
All Ages	377,327	24%	118,717	72%	258,610	18%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ILLINOIS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	758	33%	55%	23%	5%	6%	40%	20%
Major depression and affective psychoses	4,902	53%	25%	19%	6%	15%	35%	17%
Other psychoses	374	31%	57%	22%	4%	10%	40%	14%
Childhood psychoses	1,534	15%	18%	21%	1%	16%	19%	30%
Neurotic & other depressive disorders	8,109	32%	9%	20%	1%	9%	18%	28%
Personality disorders	165	25%	13%	20%	5%	10%	20%	37%
Other mental disorders	538	14%	8%	15%	2%	11%	12%	39%
Special symptoms or syndromes	1,865	10%	4%	26%	0%	4%	6%	50%
Stress & adjustment reactions	8,372	16%	7%	16%	1%	13%	12%	39%
Conduct disorders	6,871	14%	10%	16%	2%	16%	13%	34%
Emotional disturbances	13,617	9%	5%	16%	1%	14%	9%	37%
Hyperkinetic syndrome	18,319	18%	8%	16%	1%	77%	28%	8%
No Diagnosis	3	0%	0%	0%	0%	0%	0%	33%
Total	65,427	20%	10%	17%	1%	31%	19%	45%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ILLINOIS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	20,570	40%	87%	50%	9%	1%	64%	3%
Major depression and affective psychoses	22,439	72%	42%	57%	10%	2%	65%	7%
Other psychoses	2,541	37%	67%	44%	3%	1%	51%	9%
Childhood psychoses	386	34%	63%	44%	7%	1%	47%	10%
Neurotic & other depressive disorders	22,779	65%	16%	58%	1%	1%	47%	12%
Personality disorders	626	51%	41%	46%	5%	1%	48%	18%
Other mental disorders	1,051	29%	24%	39%	1%	1%	28%	31%
Special symptoms or syndromes	2,678	31%	12%	49%	0%	1%	24%	32%
Stress & adjustment reactions	4,539	46%	14%	42%	1%	1%	33%	27%
Conduct disorders	851	36%	53%	43%	5%	2%	45%	17%
Emotional disturbances	33	21%	24%	30%	3%	3%	21%	33%
Hyperkinetic syndrome	262	45%	19%	35%	4%	46%	45%	13%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	78,755	56%	44%	53%	6%	1%	55%	15%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ILLINOIS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	4,380	34%	81%	46%	5%	1%	56%	9%
Major depression and affective psychoses	4,761	69%	44%	57%	5%	3%	63%	7%
Other psychoses	2,806	33%	45%	38%	1%	1%	37%	29%
Childhood psychoses	373	31%	66%	35%	5%	0%	42%	18%
Neurotic & other depressive disorders	5,002	59%	28%	59%	1%	1%	50%	12%
Personality disorders	102	44%	61%	42%	3%	2%	49%	12%
Other mental disorders	1,282	24%	32%	35%	1%	1%	26%	38%
Special symptoms or syndromes	524	31%	23%	56%	1%	0%	31%	26%
Stress & adjustment reactions	458	50%	26%	52%	0%	1%	42%	21%
Conduct disorders	87	39%	66%	54%	2%	0%	56%	11%
Emotional disturbances	2	0%	0%	50%	0%	0%	0%	50%
Hyperkinetic syndrome	10	10%	20%	50%	0%	10%	20%	20%
No Diagnosis	0	0%	0%	0%	0%	0%	0%	0%
Total	19,787	48%	47%	50%	3%	1%	50%	18%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).